



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/627,571
Filing Date:: July 25, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: ANTI-APOPTOPIC GENE SCC-S2 AND
DIAGNOSTIC AND THERAPEUTIC USES THEREOF
Attorney Docket Number:: 223316
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: Yes
Latin Name::
Variety denomination name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Usha
Middle Name::
Family Name:: KASID
Name Suffix::
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 7212 Dubuque Ct.

City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 208555

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IN
Status:: Full Capacity
Given Name:: Deepak
Middle Name::
Family Name:: KUMAR
Name Suffix::
City of Residence:: Arlington
State or Prov. of Residence:: VA
Country of Residence:: US
Street of mailing address:: 1530 12th Street North, Apt. #805

City of mailing address:: Arlington
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22209
Inventor Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Prafulla
Middle Name::
Family Name:: GOKHALE
Name Suffix::
City of Residence:: Oak Hill
State or Prov. of Residence:: VA
Country of Residence:: US
Street of mailing address:: 13363 Horse Pen Woods Lane

City of mailing address:: Oak Hill
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20171
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Imran
Middle Name::
Family Name:: AHMAD
Name Suffix::
City of Residence:: Wadsworth
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 4731 West Pebble Beach Dr.

City of mailing address:: Wadsworth
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60083

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/US02/02212	January 28, 2002
PCT/US02/02212	PCT of	60/264,062	January 26, 2001

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
			Yes
			Yes
			Yes

ASSIGNEE INFORMATION

First Assignee name:: Georgetown University

Street of mailing address:: ~~Harris Building, Suite 101~~ 37th & O Streets NW

City of mailing address:: Washington

State or Province of
mailing address:: D.C.

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20057-4408

Second Assignee name:: NeoPharm, Inc.

Street of mailing address:: 150 Field Drive, Suite 195

City of mailing address:: Lake Forest

State or Province of
mailing address:: IL

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 60045